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Fil	in this information to identify your c	ase:							
	btor 1 Stacy Bertra								
1	btor 2 ouse, if filing)				_				
Un	ited States Bankruptcy Court for the	: NORTHERN DISTRI	CT OF ILLINOIS		_				
Ca	se number 19-02335					Check if this is	:		
(If k	nown)		-			An amende	ed filing		
								g postpetition ollowing date:	
0	fficial Form 106I					MM / DD/ \	/YYY		
S	chedule I: Your Inc	ome							12/15
atta 	puse. If you are separated and you che a separate sheet to this form. Tt 1: Describe Employment Fill in your employment					se number (if	known). A		
	information.							mig spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed ■ Not employed			☐ Empl	oyea mployed		
	employers.	Occupation	Unemployed						
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						
Pa	rt 2: Give Details About Mor	nthly Income	<u>:</u>						
	imate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any line	, write \$0 in the	space. Inc	clude your no	n-filing
lf yo mor	ou or your non-filing spouse have me e space, attach a separate sheet to	ore than one employer, co	ombine the informatio	n for all e	employe	rs for that perso	on on the li	nes below. If	you need
					Fo	or Debtor 1	000000000000000000000000000000000000000	btor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lir		4.	\$	0.00	\$	N/A		

Debtor	Stacy Bertrand	_	Case	number (<i>if known</i>)	19-023	35	
C	opy line 4 here	4.	For	Debtor 1 0.00	200000000000000000000000000000000000000	ebtor 2 or ling spouse N/A	
5. Li	st all payroll deductions:						
58	• •	5a.	\$	0.00	\$	N/A	
5b	•	5b.	\$	0.00	\$	N/A	-
50		5c.	\$	0.00	\$	N/A	•
50	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	-
56		5e.	\$_	0.00	\$	N/A	_
5f		5f.	\$	0.00	\$	N/A	=
5g 5h		5g. 5h	\$ - \$	0.00	* + \$	N/A	
		_	т Ф —		· · · · · · · · · · · · · · · · · · ·	N/A	-
	dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A	
7. C a	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A	-
8. Li 8a	st all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
	monthly net income.	8a.	\$	0.00	\$	N/A	
8b		8b.	\$	0.00	\$	N/A	
80	 Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 	8c.	\$	0.00	\$	N/A	
80		8d.	\$	2,057.00	\$	N/A	
8e		8e.	\$	0.00	\$	N/A	•
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	N/A	•
89		8g.	\$	0.00	\$	N/A	
8h	. Other monthly income. Specify:	8h	+ \$	0.00	+ \$	N/A	
9. A	dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,057.00	\$	N/A	
10. C a	Ilculate monthly income. Add line 7 + line 9.	10. \$:	2,057.00 + \$		N/A = \$	2,057.00
Ac	ld the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						•
Ind otl Do	ate all other regular contributions to the expenses that you list in Schedule clude contributions from an unmarried partner, members of your household, your her friends or relatives. on the include any amounts already included in lines 2-10 or amounts that are not secify:	deper		•		nedule J. 11. +\$	0.00
W	Id the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain plies					12. \$	2,057.00
						Combin monthly	ied v income
13. D c	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?					,

Fill in th	is information to identify your c	ase:						
Debtor 2	Debtor 2 (Spouse, if filing)			Check if this is: An amended filing A supplement showing postpetition chapter 13 expenses as of the following date:				
' '	-	ORTHERN DISTRICT OF ILLING	OIS		MM / DD / YYYY			
Case nu		OTT LEAN BIOTHER OF TEEN		•	VIII.7 DB 7 1 1 1 1			
(If knowr								
Offic	ial Form 106J							
Sch	edule J: Your Ex	penses			-	12/1		
Part 1:	complete and accurate as position. If more space is needed (if known). Answer every quality Describe Your Household this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a section.	<u>i</u>	e filing together, both a form. On the top of any	are equa , addition	illy responsible for nal pages, write y	r supplying correct our name and case		
	☐ No ☐ Yes. Debtor 2 must file	Official Form 106J-2, <i>Expenses</i>	for Separate Household	of Debto	or 2.			
2. D o	you have dependents?	No						
	not list Debtor 1 and btor 2.	Yes. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	nip to	Dependent's age	Does dependent live with you?		
	not state the pendents names.		Child		1	□ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No		
ex	your expenses include penses of people other than urself and your dependents?	■ No □ Yes	40.4800.00400			☐ Yes		
expens	te your expenses as of your b	lonthly Expenses pankruptcy filing date unless your pruptcy is filed. If this is a supp						
the valu		cash government assistance if ve included it on <i>Schedule I: Y</i>			Your expe	nses		
4. Th	e rental or home ownership o	expenses for your residence. In ound or lot.	nclude first mortgage	4. \$		400.00		
if r	not included in line 4:							
4a.	. Real estate taxes			4a. \$		0.00		
4b.	• • •			4b. \$		0.00		
4c.	• • •			4c. \$		0.00		
4d.		or condominium dues for your residence, such as hor	ma aquitu laces	4d. \$		0.00		
5 Ad	muionai mortoane navmente	THE VOLLETERIDENCE SUCH AS NOT	DE BURNY MANS	2 3		11 110		

ebtor 1 Sta	cy Bertrand	Case num	oer (if known)	19-02335	
Utilities:					
6a. Elec	tricity, heat, natural gas	6a.	\$	0.00	
6b. Wat	er, sewer, garbage collection	6b.	\$	0.00	
6c. Tele	phone, cell phone, Internet, satellite, and cable services	6c.	\$	240.00	
6d. Othe	er. Specify:	6d.	\$	0.00	
. Food and	housekeeping supplies	7.	6a. \$ 0.00 6b. \$ 0.00 6c. \$ 240.00 6d. \$ 0.00 7. \$ 400.00 8. \$ 0.00 9. \$ 75.00 10. \$ 65.00 11. \$ 52.00 12. \$ 370.00 13. \$ 0.00 14. \$ 0.00 15a. \$ 0.00 15b. \$ 0.00 15c. \$ 55.00 15d. \$ 0.00 15c. \$ 55.00 15d. \$ 0.00 17a. \$ 0.00 17b. \$ 0.00 17c. \$ 0.00 17c. \$ 0.00 17c. \$ 0.00 17c. \$ 0.00 17d. \$ 0.00 18. \$ 0.00 19. 19. 19. 19. 19. 20a. \$ 0.00 20b. \$ 0.00 20c. \$ 0.00 20c. \$ 0.00 20d. \$ 0.00 20d. \$ 0.00 21. +\$ 0.00 21. +\$ 0.00 223a. \$ 2,057.00 23a. \$ 2,057.00 23a. \$ 2,057.00 23a. \$ 400.00		
. Childcare	and children's education costs	8.	\$	0.00	
. Clothing,	laundry, and dry cleaning	9.	\$	75.00	
0. Personal	care products and services	10.	\$	65.00	
1. Medical a	nd dental expenses	11.	\$	52.00	
2. Transport	ation. Include gas, maintenance, bus or train fare.		_	070.00	
	ude car payments.		·		
	nent, clubs, recreation, newspapers, magazines, and books				
4. Charitable	contributions and religious donations	14.	\$	0.00	
5. Insurance					
	ude insurance deducted from your pay or included in lines 4 or 20.	150	Φ.	0.00	
15a. Life			· ·		
	Ith insurance		·		
	icle insurance			0.00	
	er insurance. Specify:	15d.	Φ	0.00	
Specify:	not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00	
	t or lease payments:				
	payments for Vehicle 1				
	payments for Vehicle 2		·		
17c. Othe					
17d. Othe			\$	0.00	
	nents of alimony, maintenance, and support that you did not report as		\$	0.00	
aeauctea O Other pay	from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). ments you make to support others who do not live with you.		· ·		
Specify:	ments you make to support others who do not live with you.	19.	Ψ	0.00	
	property expenses not included in lines 4 or 5 of this form or on Scho		ur Income.		
20a. Mort	gages on other property			0.00	
	l estate taxes	20b.	\$		
20c. Prop	erty, homeowner's, or renter's insurance	20c.	\$	0.00	
-	ntenance, repair, and upkeep expenses	20d.	\$		
	neowner's association or condominium dues				
1. Other: Spe		21.	+\$		
•				0.00	
	your monthly expenses				
	nes 4 through 21.		\$	1,657.00	
22b. Copy	line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$		
22c. Add li	ne 22a and 22b. The result is your monthly expenses.		\$	1,657.00	
	your monthly net income.	_			
•	y line 12 (your combined monthly income) from Schedule I.				
23b. Cop	y your monthly expenses from line 22c above.	23b.	-\$	1,657.00	
	tract your monthly expenses from your monthly income.	230	\$	400.00	
ine	result is your monthly net income.	200.	T		
For example modification	pect an increase or decrease in your expenses within the year after you, do you expect to finish paying for your car loan within the year or do you expect you to the terms of your mortgage?			ease or decrease because of	
■ No.	Finds bear				
☐ Yes.	Explain here:				

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United States Bankruptcy Court Northern District of Illinois

In re	Stacy Bertrand		Case No.	19-02335
		Debtor(s)	Chapter	13

AMENDED

		DECLARAT	*	ING DEBTOR'S SCHEDULES	
		DECLARATION U	NDER PENALTY O	OF PERJURY BY INDIVIDUAL DEBTOR	
	of_			ad the foregoing Schedules I and J, consisting best of my knowledge, information, and belief.	
Date	April	5, 2021	Signature	Stacy Bertrand Debtor	

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.